1348294

FORM D



filing of a federal notice.

SEC 1972 (6-02)

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### FORM D

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

	APPR	
OMB Num	ber:	3235-0076
Expires:	IngA	30,2008 e burden
Estimated	averag	e burden
		se16.00

SEC USE ONLY								
Prefix	Serial							
DATE RE	CEIVED							
	1							

UNITORM DIMITED OFFERING EXEM	FIION
Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
Private Placement of Limited Partnership Interests of Oracle Capital Fund, L.P.	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	OLD OF CHARGE AND
A. BASIC IDENTIFICATION DATA	// DFC % 8 2005 /
Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	
Oracle Capital Fund Limited Partnership	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
645 Griswold, Suite 2202, Detroit, Michigan 48226	(313) 586-7487
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Private equity fund focusing on minority business enterprises located in the State of Michiga	PROCESSED
Type of Business Organization	
corporation  Ilimited partnership, already formed  other (p business trust  limited partnership, to be formed	please specify): DEC 3 0 2005
Month Year	THOMSON
Actual or Estimated Date of Incorporation or Organization: 12 0 5 Actual Estim Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	mated EMANCIAI
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D (77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given b which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	<b>5</b> 49.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only repo thereto, the information requested in Part C, and any material changes from the information previously supplied with the SEC.	
Filing Fee: There is no federal filing fee.	
State:	
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for s ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the sare to be, or have been made. If a state requires the payment of a fee as a precondition to the claim fo accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	Securities Administrator in each state where sales r the exemption, a fee in the proper amount shall
Failure to file notice in the appropriate states will not result in a loss of the federal exappropriate federal notice will not result in a loss of an available state exemption unle	

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

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|                                                         |                       | riverse belaktion recharacter to be to deplicate the term of the | NEUFICATION DATA                      |                    |                                              |
|---------------------------------------------------------|-----------------------|------------------------------------------------------------------|---------------------------------------|--------------------|----------------------------------------------|
| 2. Enter the information re                             | quested for the fo    | llowing:                                                         |                                       |                    |                                              |
| <ul> <li>Each promoter of</li> </ul>                    | the issuer, if the is | suer has been organized w                                        | ithin the past five years;            |                    |                                              |
| <ul> <li>Each beneficial ow</li> </ul>                  | ner having the pow    | ver to vote or dispose, or di                                    | rect the vote or disposition          | of, 10% or more of | f a class of equity securities of the issuer |
| <ul> <li>Each executive off</li> </ul>                  | icer and director o   | f corporate issuers and of                                       | corporate general and mar             | naging partners of | partnership issuers; and                     |
| Each general and it                                     | nanaging partner o    | of partnership issuers.                                          |                                       |                    |                                              |
| Check Box(es) that Apply:                               | Promoter              | Beneficial Owner                                                 | Executive Officer                     | Director           | General and/or Managing Partner              |
| P. II M                                                 | e:                    | ······································                           |                                       |                    |                                              |
| Full Name (Last name first, i                           | -                     |                                                                  |                                       |                    |                                              |
| Oracle Capital Partners,                                |                       | Shart City State 71 C                                            | .1.5                                  |                    |                                              |
| Business or Residence Addre<br>645 Griswold, Suite 2202 | •                     |                                                                  | ode)                                  |                    |                                              |
| Check Box(es) that Apply:                               | Promoter              | Beneficial Owner                                                 | Executive Officer                     | Director           | General and/or Managing Partner              |
| Full Name (Last name first, i                           | f individual)         |                                                                  | · · · · · · · · · · · · · · · · · · · |                    |                                              |
| Morris, David E. U.                                     |                       |                                                                  |                                       |                    |                                              |
| Business or Residence Addre                             | ss (Number and        | Street, City, State, Zip Co                                      | ode)                                  |                    |                                              |
| 345 Griswold, Suite 2202,                               | Detroit, Michiga      | an 48226                                                         |                                       |                    |                                              |
| Check Box(es) that Apply:                               | Promoter              | Beneficial Owner                                                 | Executive Officer                     | Director           | General and/or Managing Partner              |
| Full Name (Last name first, i<br>Eaton, Darrin C.       | f individual)         |                                                                  |                                       |                    |                                              |
| Business or Residence Addre                             | ss (Number and        | Street, City, State, Zip Co                                      | ode)                                  |                    |                                              |
| 645 Griswold, Suite 2202                                | •                     | •                                                                | ·                                     |                    |                                              |
| Check Box(es) that Apply:                               | Promoter              | Beneficial Owner                                                 | Executive Officer                     | Director           | General and/or Managing Partner              |
| Full Name (Last name first, i                           | f individual)         |                                                                  |                                       |                    |                                              |
| Business or Residence Addre                             | ss (Number and        | Street, City, State, Zip Co                                      | ode)                                  |                    |                                              |
| Check Box(es) that Apply:                               | Promoter              | Beneficial Owner                                                 | Executive Officer                     | ☐ Director         | General and/or Managing Partner              |
| Full Name (Last name first, i                           | f individual)         |                                                                  |                                       |                    |                                              |
| Business or Residence Addre                             | ss (Number and        | Street, City, State, Zip Co                                      | de)                                   |                    |                                              |
| Check Box(es) that Apply:                               | Promoter              | Beneficial Owner                                                 | Executive Officer                     | Director           | General and/or Managing Partner              |
| Full Name (Last name first, i                           | f individual)         | ***************************************                          |                                       |                    |                                              |
| Business or Residence Addre                             | ss (Number and        | Street, City, State, Zip Co                                      | ode)                                  |                    |                                              |
| Check Box(es) that Apply:                               | Promoter              | Beneficial Owner                                                 | Executive Officer                     | Director           | General and/or Managing Partner              |
| Full Name (Last name first, i                           | f individual)         |                                                                  |                                       |                    |                                              |
| Business or Residence Addre                             | ss (Number and        | Street, City, State, Zip Co                                      | ode)                                  |                    |                                              |
|                                                         | (Use blan             | ak sheet, or copy and use                                        | additional copies of this s           | heet, as necessary | )                                            |
|                                                         | , =====               |                                                                  |                                       |                    | ,                                            |

|               |                                                                                                         |                              |                                                              |                           | B. D                         | NFORMAT                       | ION ABOL                    | T OFFERI                     | NG -                           |                                         |                                         |          |          |
|---------------|---------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------------------------|---------------------------|------------------------------|-------------------------------|-----------------------------|------------------------------|--------------------------------|-----------------------------------------|-----------------------------------------|----------|----------|
| 1 77          |                                                                                                         |                              | 4 4 41                                                       |                           |                              | 11 4                          |                             |                              | Alia e CC                      |                                         |                                         | Yes      | No       |
| 1. H          | . Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? |                              |                                                              |                           |                              |                               |                             |                              |                                |                                         | *************************************** |          | Ø        |
| 2. W          |                                                                                                         |                              |                                                              |                           |                              |                               |                             |                              |                                |                                         | c 100                                   | 0,000.00 |          |
| Z. W          | what is the minimum investment that will be accepted from any individual?                               |                              |                                                              |                           |                              |                               |                             |                              |                                |                                         |                                         | Yes      | No       |
| 3. D          | oes th                                                                                                  | e offering                   | permit join                                                  | t ownershi                | p of a sing                  | gle unit?                     |                             |                              |                                |                                         |                                         | <b>X</b> |          |
|               |                                                                                                         |                              | tion request                                                 |                           |                              |                               |                             |                              |                                |                                         |                                         |          |          |
| lf<br>or      | a pers                                                                                                  | on to be lis<br>, list the n | ilar remune<br>sted is an ass<br>ame of the b<br>, you may s | sociated pe<br>roker or d | erson or age<br>caler. If me | ent of a brol<br>ore than fiv | ker or deale<br>e (5) perso | r registere<br>ns to be list | d with the S<br>ed are asso    | EC and/or                               | with a state                            | ;        |          |
| Full N<br>N/A | ame (1                                                                                                  | Last name                    | first, if ind                                                | ividual)                  |                              |                               |                             |                              |                                |                                         |                                         |          |          |
| Busine        | SS OF                                                                                                   | Residence                    | Addrėss (N                                                   | lumber and                | i Street, C                  | ity, State, 2                 | Lip Code)                   |                              |                                |                                         |                                         |          |          |
| Name          | of Ass                                                                                                  | ociated R                    | oker or De                                                   | aler                      |                              |                               |                             |                              |                                |                                         |                                         | -        |          |
|               |                                                                                                         |                              |                                                              |                           |                              |                               |                             |                              |                                |                                         |                                         |          |          |
|               |                                                                                                         |                              | Listed Ha                                                    |                           |                              |                               |                             |                              |                                |                                         |                                         |          |          |
| (C            | Check                                                                                                   | "All States                  | s" or check                                                  | individual                | States)                      |                               |                             |                              |                                | ****************                        |                                         |          | l States |
| A             | I                                                                                                       | ĀK                           | AZ                                                           | AR                        | CA                           | CO                            | CT                          | DE                           | DC                             | FL                                      | GA                                      | HI       | ID       |
|               | L                                                                                                       | IN                           | IA                                                           | KS                        | KY                           | LA                            | ME                          | MD                           | MA                             | MI                                      | MN                                      | MS       | MO       |
|               |                                                                                                         | NE)                          | NV<br>[SD]                                                   | NH)                       | NJ                           | NM)                           | NY                          | NC                           | ND)                            | OH<br>WV                                | OK                                      | OR       | PA       |
| L             | <u>an</u>                                                                                               | SC                           | SD                                                           | TN                        | TX                           | ŪT                            | [VT]                        | VA                           | WA                             | ( <u>w v</u> )                          | WI                                      | WY       | PR       |
| Full N        | ame (I                                                                                                  | Last name                    | first, if ind                                                | ividual)                  |                              |                               |                             |                              |                                |                                         |                                         |          |          |
| Busine        | 10 22°                                                                                                  | Residence                    | Address (1                                                   | Jumber an                 | d Street C                   | ity State                     | 7in Code)                   |                              |                                |                                         |                                         |          |          |
| 2,00          |                                                                                                         | 20031401100                  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                      |                           | - 0                          | ,, 5,110,                     | o.p oddo,                   |                              |                                |                                         |                                         |          |          |
| Name          | of Ass                                                                                                  | ociated Br                   | oker or De                                                   | aler                      |                              |                               |                             |                              |                                |                                         |                                         |          |          |
| States        | in Wh                                                                                                   | ich Person                   | Listed Has                                                   | Solicited                 | or Intends                   | to Solicit                    | Purchasers                  |                              |                                |                                         |                                         |          |          |
|               |                                                                                                         |                              | or check                                                     |                           |                              |                               |                             |                              |                                |                                         |                                         | [] Ali   | States   |
|               |                                                                                                         |                              |                                                              |                           |                              |                               |                             |                              |                                |                                         |                                         |          |          |
|               | L                                                                                                       | AK<br>IN                     | [AZ]                                                         | AR<br>KS                  | CA<br>KY                     | LA                            | CT<br>ME                    | DE MD                        | MA                             | FL                                      | GA                                      | HI       | D D      |
|               | TT)                                                                                                     | NE                           | NV)                                                          | NH                        | [IZ]                         | NM)                           | NY                          | NC                           | ND                             | OH                                      | MN<br>OK                                | MS OR    | MO<br>PA |
| _             | RI                                                                                                      | SC                           | SD                                                           | TN                        | []X]                         | UT                            | VT                          | VA                           | WA                             | WY                                      | WI                                      | WY       | PR       |
| Full N        | ame (I                                                                                                  | Last name                    | first, if ind                                                | ividual)                  |                              |                               |                             |                              |                                |                                         |                                         |          |          |
|               |                                                                                                         |                              |                                                              |                           |                              |                               |                             |                              |                                |                                         |                                         |          |          |
| Busine        | ss or                                                                                                   | Residence                    | Address (1                                                   | Number an                 | d Street, C                  | ity, State,                   | Zip Code)                   |                              |                                |                                         |                                         |          |          |
| Name          | of Ass                                                                                                  | ociated B                    | roker or De                                                  | alcr                      | <del></del>                  |                               |                             |                              |                                |                                         |                                         |          |          |
| States        | in Wh                                                                                                   | ich Person                   | Listed Has                                                   | Solicited                 | or Intende                   | to Solicit                    | Purchasers                  |                              |                                |                                         | ···                                     |          |          |
|               |                                                                                                         |                              | or check                                                     |                           |                              |                               |                             |                              | ****************************** | *************************************** |                                         | AJ!      | l States |
| ΓĀ            |                                                                                                         | AK                           | AZ                                                           | AR                        | CA                           | CO                            | CT                          | DE                           | DC                             | FL                                      | GA                                      | HI       | [ID]     |
| Ι             | L                                                                                                       | IN                           | ĪA                                                           | KS                        | KY                           | LA                            | ME                          | MD                           | MA                             | MI                                      | MN                                      | MS       | MO       |
|               | (T)                                                                                                     | NE                           | NV                                                           | [NH]                      | NJ                           | NM                            | NY                          | NC                           | ND                             | OH                                      | OK                                      | OR       | PA       |
| <u> </u>      | <u>u</u>                                                                                                | SC                           | SD                                                           | TN                        | TX                           | UT                            | VT                          | VA                           | WA                             | WV                                      | WI                                      | WY       | PR       |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C OFFERING PRICE NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

|    | already exchanged.  Type of Security                                                                                                                                                                                                                                                                                                                                                   | Aggregate<br>Offering Price | Amount Already<br>Sold                                |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------|
|    | **                                                                                                                                                                                                                                                                                                                                                                                     | \$ 0.00                     | \$ 0.00                                               |
|    | Equity                                                                                                                                                                                                                                                                                                                                                                                 |                             | \$ 0.00                                               |
|    | Convertible Securities (including warrants)                                                                                                                                                                                                                                                                                                                                            |                             | 0.00                                                  |
|    | Partnership Interests                                                                                                                                                                                                                                                                                                                                                                  | \$ 37.500.000.00            | 10,000,000.00                                         |
|    | Other (Specify)                                                                                                                                                                                                                                                                                                                                                                        | © 0.00                      | s 0.00                                                |
|    | Total                                                                                                                                                                                                                                                                                                                                                                                  | \$<br>\$_37,500,000.00      | T                                                     |
|    | Answer also in Appendix, Column 3, if filing under ULOE.                                                                                                                                                                                                                                                                                                                               | <b>.</b>                    | 3                                                     |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."             |                             | A correcto                                            |
|    | Accredited Investors                                                                                                                                                                                                                                                                                                                                                                   | Number<br>Investors         | Aggregate Dollar Amount of Purchases \$ 10,000,000.00 |
|    | Non-accredited Investors                                                                                                                                                                                                                                                                                                                                                               |                             | \$ 0.00                                               |
|    | Total (for filings under Rule 504 only)                                                                                                                                                                                                                                                                                                                                                |                             | \$                                                    |
|    | Answer also in Appendix, Column 4, if filing under ULOE.                                                                                                                                                                                                                                                                                                                               |                             | · · · · · · · · · · · · · · · · · · ·                 |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.                                                             |                             |                                                       |
|    | Type of Offering                                                                                                                                                                                                                                                                                                                                                                       | Type of<br>Security         | Dollar Amount<br>Sold                                 |
|    | Rule 505                                                                                                                                                                                                                                                                                                                                                                               |                             | \$                                                    |
|    | Regulation A                                                                                                                                                                                                                                                                                                                                                                           |                             | \$                                                    |
|    | Rule 504                                                                                                                                                                                                                                                                                                                                                                               |                             | \$                                                    |
|    | Total                                                                                                                                                                                                                                                                                                                                                                                  | <del></del>                 | \$ 0.00                                               |
| 4  | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                             |                                                       |
|    | Transfer Agent's Fees                                                                                                                                                                                                                                                                                                                                                                  |                             | \$_0.00                                               |
|    | Printing and Engraving Costs                                                                                                                                                                                                                                                                                                                                                           | <b>Z</b>                    | \$ 3,000.00                                           |
|    | Legal Fees                                                                                                                                                                                                                                                                                                                                                                             | <b>Z</b>                    | \$_119,000.00                                         |
|    |                                                                                                                                                                                                                                                                                                                                                                                        |                             | \$_2,000.00                                           |
|    | Accounting Fees                                                                                                                                                                                                                                                                                                                                                                        | <b>Z</b>                    | 2                                                     |
|    | Accounting Fees Engineering Fees                                                                                                                                                                                                                                                                                                                                                       | _                           | \$_0.00                                               |
|    |                                                                                                                                                                                                                                                                                                                                                                                        |                             |                                                       |
|    | Engineering Fees                                                                                                                                                                                                                                                                                                                                                                       |                             | \$_0.00                                               |

| 4   | C OFFERINGERICE, NUMI                                                                                                                                                                                                      | BER OF INVESTORS EXPENSES AND USE                                                            | UKRKUELLUS                                             |                       |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------|
|     | b. Enter the difference between the aggregate offers and total expenses furnished in response to Part C—proceeds to the issuer."                                                                                           | Question 4.a. This difference is the "adjusted a                                             | gross                                                  | \$37,353,000.00       |
|     | Indicate below the amount of the adjusted gross pro<br>each of the purposes shown. If the amount for an<br>check the box to the left of the estimate. The total of<br>proceeds to the issuer set forth in response to Part | y purpose is not known, furnish an estimate<br>the payments listed must equal the adjusted g | and                                                    |                       |
|     |                                                                                                                                                                                                                            |                                                                                              | Payments to<br>Officers,<br>Directors, &<br>Affiliates | Payments to<br>Others |
|     | Salaries and fees                                                                                                                                                                                                          |                                                                                              | <b>2</b> \$ 233,000.00                                 | \$ 0.00               |
|     | Purchase of real estate                                                                                                                                                                                                    |                                                                                              | [ \$ 0.00                                              | \$ 0.00               |
|     | Purchase, rental or leasing and installation of mac and equipment                                                                                                                                                          | hinery                                                                                       | \$ 0.00                                                | \$_0.00               |
|     | Construction or leasing of plant buildings and faci                                                                                                                                                                        | ilities                                                                                      | S 0.00                                                 | \$ 0.00               |
|     | Acquisition of other businesses (including the value offering that may be used in exchange for the asset issuer pursuant to a merger)                                                                                      | ets or securities of another                                                                 | [ \$ <u>0.00</u>                                       | \$ 0.00               |
|     | Repayment of indebtedness                                                                                                                                                                                                  |                                                                                              | [] \$ <u></u>                                          | \$ 0.00               |
|     | Working capital                                                                                                                                                                                                            |                                                                                              |                                                        | \$ 37,120,000.0       |
|     | Other (specify):                                                                                                                                                                                                           |                                                                                              | \$_0.00                                                | \$ 0.00               |
|     |                                                                                                                                                                                                                            |                                                                                              |                                                        | ss                    |
|     | Column Totals                                                                                                                                                                                                              |                                                                                              | § <u>233,000.00</u>                                    | _                     |
|     | Total Payments Listed (column totals added)                                                                                                                                                                                |                                                                                              | 🗹 \$ <u>.37</u>                                        | 7,353,000.00          |
| 100 |                                                                                                                                                                                                                            | D FEDERAL SIGNATURE                                                                          |                                                        |                       |
| ig: | e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc                                                         | nish to the U.S. Securities and Exchange Co                                                  | mmission, upon writte                                  |                       |
| SSI | uer (Print or Type)                                                                                                                                                                                                        | Signature                                                                                    | Date                                                   |                       |
| ٦r  | acle Capital Fund Limited Partnership                                                                                                                                                                                      |                                                                                              | December 21                                            | , 2005                |
| las | ne of Signer (Print or Type)                                                                                                                                                                                               | Title of Signer (Print or Type)                                                              | <del></del>                                            |                       |
|     | cle Capital Partners, LLC                                                                                                                                                                                                  |                                                                                              |                                                        |                       |

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

|    | E STATE SIGNATURE                                                                                                  |     |                |
|----|--------------------------------------------------------------------------------------------------------------------|-----|----------------|
| 1. | Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? | Yes | No<br><b>⊠</b> |

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type)                  | Signature                   | Date          |
|-----------------------------------------|-----------------------------|---------------|
| Oracle Capital Fund Limited Partnership |                             | December 2005 |
| Name (Print or Type)                    | Title (Print or Type)       | <del></del>   |
| Oracle Capital Partners, LLC            | See attached signature page |               |

#### Instruction

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# SIGNATURE PAGE TO FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6) AND/OR UNIFORM LIMITED OFFERING EXEMPTION OF ORACLE CAPITAL FUND LIMITED PARTNERSHIP

### D. FEDERAL SIGNATURE PAGE

Oracle Capital Fund Limited Partnership

By Oracle Capital Partners, LLC

Its: General Partner

By: Oracle Capital Holdings, Inc.

Its: Manager

David E. U. Morris

Its: President

E. STATE SIGNATURE PAGE

Oracle Capital Fund Limited Partnership

By Oracle Capital Partners, LLC

Its: General Partner

By: Oracle Capital Holdings, Inc.

Its: Manager

By: Nan L'UV
David E. U. Morris

Its: President

DETROIT.2033145.1

|       |                                |                                                |                                                                                | AP                                   | PENDIX                                                             |                                          |        |                                                                                                    |    |
|-------|--------------------------------|------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------|------------------------------------------|--------|----------------------------------------------------------------------------------------------------|----|
| 1     | Intend<br>to non-a<br>investor | to sell<br>ccredited<br>s in State<br>-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) |                                      | 4  Type of investor and amount purchased in State  (Part C-Item 2) |                                          |        | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |    |
| State | Yes                            | No                                             |                                                                                | Number of<br>Accredited<br>Investors | Amount                                                             | Number of<br>Non-Accredited<br>Investors | Amount | Yes                                                                                                | No |
| AL    |                                |                                                |                                                                                |                                      |                                                                    |                                          |        |                                                                                                    |    |
| ΑK    |                                |                                                |                                                                                |                                      |                                                                    |                                          |        |                                                                                                    |    |
| AZ    |                                |                                                |                                                                                |                                      |                                                                    |                                          |        |                                                                                                    |    |
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| MI    |                                | ×                                              | partnership<br>interests<br>\$37,500,000                                       |                                      | \$10,000,000                                                       | 0                                        | \$0.00 |                                                                                                    | ×  |
| MN    |                                |                                                | \$37,500,000                                                                   |                                      |                                                                    |                                          |        |                                                                                                    |    |
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| 1     | Intend<br>to non-a<br>investor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | to sell<br>ccredited<br>s in State<br>-Item 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Type of security and aggregate offering price offered in state (Part C-Item 1) |                                      | 4  Type of investor and amount purchased in State  (Part C-Item 2) |                                          |        |     | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |  |
| State | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                | Number of<br>Accredited<br>Investors | Amount                                                             | Number of<br>Non-Accredited<br>Investors | Amount | Yes | No                                                                                                 |  |
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|       | to non-a<br>investor | to sell<br>ccredited<br>s in State<br>-Item 1) | Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C-Item 1) |                                      |        |                                          | amount purchased in State |     |            |  |
| State | Yes                  | No                                             |                                                                                            | Number of<br>Accredited<br>Investors | Amount | Number of<br>Non-Accredited<br>Investors | Amount                    | Yes | No         |  |
| WY    |                      |                                                |                                                                                            |                                      |        |                                          |                           |     |            |  |
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